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Volume 20, January-December 1980

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BRIEF SUMMARY DIABINESE® (chlorpropamide) Tablets

Contraindications: Diabinese is not indicated in patients having juvenile or growth-onset diabetes mellitus, severe or unstable "brittle" diabetes, and diabetes complicated by ketosis and acidosis, diabetic coma, major surgery, severe infection, or severe trauma.

Diabinese is contraindicated during pregnancy. Serious consideration should be given to the potential hazard of its use in women of childbearing age who may become pregnant.

Diabinese is contraindicated in patients with serious impairment of hepatic, renal, or thyroid function.

Precautions: Use chlorpropamide with caution with barbiturates, in patients with Addison's disease or in those ingesting alcohol, antibacterial sulfonamides, phenylbutazone, salicylates, probenecid, dicoumarol or MAO inhibitors.

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HYPOGLYCEMIA, IF IT OCCURS, MAY BE PROLONGED.

Adverse Reactions: Usually dose-related and generally respond to reduction or withdrawal of therapy. Generally transient and not of a serious nature and include anorexia, nausea, vomiting and gastrointestinal intolerance, weakness and paresthesias.

Certain untoward reactions associated with idiosyncrasy or hypersensitivity have occasionally occurred, including jaundice (rarely associated with severe diarrhea and bleeding), skin eruptions rarely progressing to erythema multiforme and exfoliative dermatitis, and probably depression of formed elements of the blood. With a few exceptions, these manifestations have been mild and readily reversible on the withdrawal of the drug.

Diabinese should be discontinued promptly when the development of sensitivity is suspected.

Jaundice has been reported, and is usually promptly reversible on discontinuance of therapy. THE OCCURRENCE OF PROGRESSIVE ALKALINE PHOSPHATASE ELEVATION SHOULD SUGGEST THE POSSIBILITY OF INCIPENT JAUNDICE AND CONSTITUTES AN INDICATION FOR WITHDRAWAL OF THE DRUG.

Leukopenia, thrombocytopenia and mild anemia, which occur occasionally, are generally benign and revert to normal following cessation of the drug. Cases of aplastic anemia and agranulocytosis, generally similar to blood dyscrasias associated with other sulfonylureas, have been reported.

RECAUSE OF THE PROLONGED HYPOGLYCEMIC ACTION OF DIABINESE, PATIENTS WHO BECOME HYPOGLYCEMIC DURING THERAPY WITH THIS DRUG REQUIRE CLOSE SUPERVISION FOR A MINIMUM PERIOD OF 3 TO 5 DAYS, during which time frequent readings of glucose administration are essential. The diabetic patient or the profoundly hypoglycemic patient should be hospitalized.

Rare cases of phototoxic reactions have been reported. Edema associated with hyponatremia has been infrequently reported. It is usually readily reversible when medication is discontinued.

Dosage: The mild to moderately severe, middle-aged, stable diabetic should be started on 250 mg daily. Because the geriatric diabetic patient appears to be more sensitive to the hypoglycemic effect of sulfonylurea drugs, older patients should be started on smaller amounts of Diabinese, in the range of 100 to 125 mg daily. After five to seven days following initiation of therapy, dosage may be adjusted upward or downward in increments of 50 to 125 mg at intervals of three to five days. Patients who do not respond completely to 500 mg daily usually do not respond to higher doses. Maintenance doses above 750 mg daily should be avoided.

Contraindications: 100 mg and 250 mg, blue, "D"-shaped, scored tablets.

More detailed, professional information available on request.

1. Dunn HP: Glycosylated hemoglobins and diabetic status. *Recent and Staff Physician* 34:57-67, February 1971. 2. Kozak RJ, Peterson CM, Kilo G, et al: Glycosylated hemoglobin as an indicator of the degree of glucose control in diabetes. *Diabetes* 22:220-22, March 1973. 3. Kozak RJ, Cerami A: Synthesis of glycated hemoglobin in normal and diabetic mice. *Diabetes* 22:220-22, March 1973. 4. Kozak RJ, Peterson CM, Jones RL, et al: Correlation of glycosylated hemoglobin and hemoglobin A_{1c} in diabetes mellitus. *N Engl J Med* 235:417-420, August 19, 1976. 5. Peterson CM, Jones RL: The utility of hemoglobin A_{1c} in diabetes mellitus and preliminary studies with chlorpropamide. *Diabetes in Theory and in Practice*. New York, Bimedical Information Corporation, 1978, pp 28-33.

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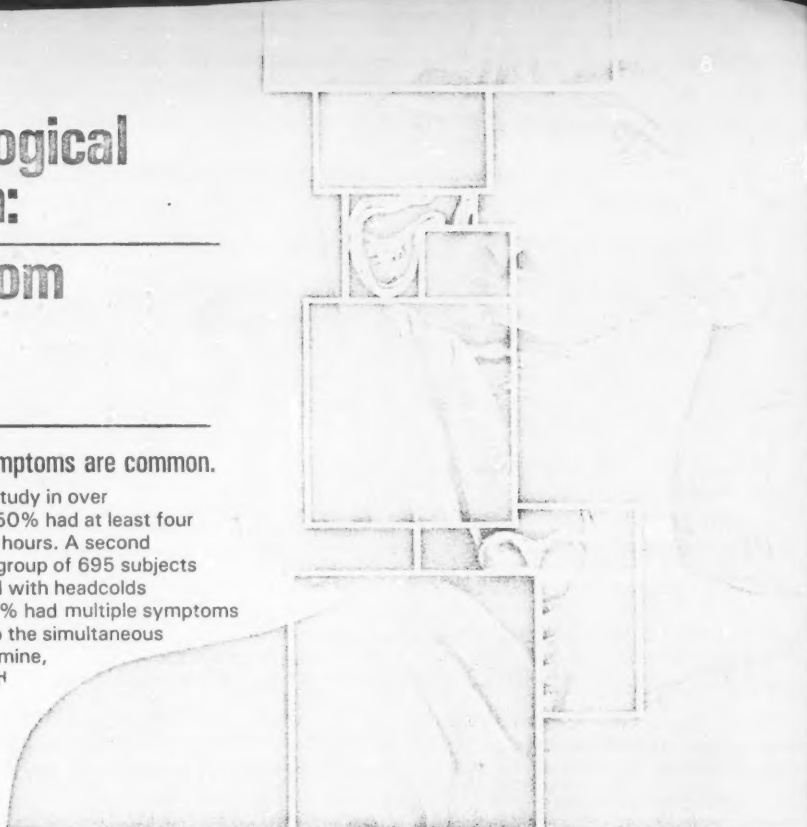
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New epidemiological studies confirm:

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In a three year retrospective study in over 500 headcold patients, over 50% had at least four symptoms during the first 72 hours. A second prospective study involved a group of 695 subjects in all. Of those who presented with headcolds of 3 days duration or less, 43% had multiple symptoms which would be responsive to the simultaneous administration of an antihistamine, decongestant, antitussive and analgesic.



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The effectiveness of Valium in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

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Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during long-term therapy.

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- Lynch, Henry T., breast cancer, Oct 111.
- Mahler, Richard J., maturity-onset diabetes, Feb 23.
- Mangiola, Stelio, electrocardiograms 17, 18, 19, 20; April 213, June 223, July 91, Aug 81.
- Marks, Meyer B., rhinitis, Aug 109.
- Marlowe, Frank L., buzzing in ear, April 187.
- Martin, Richard J., chest pain, Jan 169.
- Masland, Robert P., Jr., adolescent drug abuse, June 190.
- McCranie, E. James, psychogenic fatigue, Feb 189.
- McGuire, Lockhart B., cardiac catheterization, Aug 144.
- McKechnie, John C., Addison's disease, Nov 89.
- Michael, Sidney R., vague complaints, "patient who doesn't get well," April 85.
- Miller, Stephen H., keloids, May 49.
- Mohr, Jay Preston, stroke prevention, July 209.
- Molitch, Mark E., endocrine dysfunction, June 111.
- Newton, Michael, dysmenorrhea, March 233; Pap smears for postmenopausal women, April 73.
- Nugent, F. Warren, influenza shot, Sept 191.
- O'Connor, Richard P., Jr., abdominal abscess, Nov 181.
- O'Connor, Vincent J., hematuria, Jan 165.
- Orringer, Carl E., congestive heart failure, Dec 105.
- Palmer, Darwin L., skin tests, March 93.
- Patten, Bernard M., inflammatory myopathy, Feb 46.
- Pattison, E. Mansell, alcoholism, April 135, Sept 167; problem behavior, Nov 143.
- Paulk, E. Alan, Jr., heart monitoring, Oct 119.
- Perkel, Michael S., gastric emptying, Oct 80.
- Perloff, Joseph K., congenital heart disease, Sept 179.
- Pieroni, Robert E., influenza shot, Sept 191.
- Plotnick, Gary D., chest pain, Sept 143.
- Poser, Charles M., chronic neck pain, Aug 156.
- Raffin, Thomas A., sudden chest pain, May 161.
- Raines, Samuel L., chronic kidney infection, May 196.
- Rakita, Louis, syncope, Dec 29.
- Ram, C. Venkata S., acute aortic dissection, Nov 109.
- Raskin, David E., noncompliance, Oct 226.
- Raskind, Robert, severe sciatica, March 237; uncinat gyrus seizures, Dec 100.
- Reinecke, Robert D., strabismus, May 177.
- Renshaw, Domeena C., sex therapy, April 105.
- Rhodes, Mitchell L., chronic airway obstruction, July 188.
- Ribner, Bruce S., nongonococcal urethritis, May 107.
- Rogers, Arvey, diarrhea, March 187.
- Rolnick, Michael, hypothermia, March 132; aquatic pathogens, July 34; frostbite, Dec 133.
- Rosen, Theodore, penile lesions, Oct 221.
- Rosenfeld, Robert L., hirsutism in women, Feb 239.
- Rosenman, Ray H., type A behavior, June 216.
- Rothenberg, Sheldon P., polycythemia vera, March 150; myeloproliferative disorder, May 83; atomic bomb radiation, July 109.
- Ryan, Kenneth J., estrogen after menopause, April 218.
- Sachar, David B., types of diarrhea, March 29.
- Sauer, Gordon C., polycythemia vera, March 150.
- Schatz, Michael, chronic rhinitis, May 61.
- Scheiner, Albert P., eye defects in children, Nov 127.
- Schoonmaker, Fred W., coronary arteriography, Feb 195.
- Schwartz, Steven O., immunoglobulin A deficiency, March 259.
- Semmens, F. Jane, midlife sexuality, Jan 226.
- Semmens, James P., midlife sexuality, Jan 226.
- Shapiro, Arthur K., tic, Feb 159.
- Shapiro, Elaine, tic, Feb 159.
- Sharma, Om P., lung lesions Sept 73.
- Sheedy, Patrick F., II, pheochromocytoma, Nov 153.
- Sheps, Sheldon G., pheochromocytoma, Nov 153.
- Silfen, Eric, hypothermia, March 132; aquatic pathogens, July 34; frostbite, Dec 133.
- Silva, Joseph, Jr., diarrhea, Jan 195; abdominal abscess, Nov 181.
- Silverberg, Donald S., hypertension and diet, July 115.
- Sloane, R. Bruce, mental disorders in elderly, March 195.
- Smith, James D., vertigo, Oct 141.
- Smith, Rogers J., disability benefits, June 161.
- Sorkin, Michael I., hyperkalemia, July 25.
- Spellberg, Mitchell A., jaundice, July 190.
- Spodick, David H., acute pericarditis and pericardial effusion, Jan 99.
- Stair, Thomas, hypothermia, March 132; aquatic pathogens, July 34; frostbite, Dec 133.
- Stanley, Nigel N., pulmonary function tests, Aug 75.
- Steinberg, David, anemia diagnosis, July 122.
- Steinman, Charles R., rheumatoid arthritis, June 27.
- Strauss, José, renal disease in children, April 75.
- Streets, David H. P., idiopathic edema, March 82.
- Stumpf, Paul G., condyloma acuminatum, Jan 200.
- Sulewski, Joan M., endometriosis, July 160.
- Talal, Norman, Sjögren's syndrome, June 65.
- Talbot, John H., gout, Nov 41.
- Udall, John A., coronary heart disease, March 155.
- Unger, Kenneth M., drowning, Aug 86.
- Van Den Berg, Christian J., renal lithiasis, Nov 71, Dec 43.
- Van Heerden, J. A., pheochromocytoma, Nov 153.
- Vaughn, Cynthia, osteoporosis, Jan 64.
- Venes, Joan L., Reye's syndrome, Feb 173.
- Ventes, Victor, renin profiling in hypertension, April 91.
- Vidt, Donald G., hypertension evaluation, June 49.
- Wallace, Robert B., communicable disease, Aug 129.
- Wallerstein, Ralph O., common anemias, Aug 65.
- Weiss, Gerson, Pap smears for postmenopausal women, April 73.
- Weissman, Barbara N., radiography of cervical spine, March 179.
- Wenger, Nanette Kass, exercise in coronary artery disease, Jan 237; pulmonary embolism, June 85; iatrogenic heart disease, Oct 205.
- White, Charles A., Rh-negative mother, Feb 99.
- Whitfield, Charles L., alcohol withdrawal, March 240.
- Williams, M. Henry, Jr., severe asthma, March 292.
- Williams, Ralph C., Jr., hypersensitivity angitis, July 139; systemic vasculitis, Oct 69; purpura, Dec 143.
- Williams, Temple W., Jr., penicillins, April 27.
- Wilner, Freeman M., non-Hodgkin's lymphoma, Nov 79.
- Winer, Howard E., echocardiography, March 65.
- Wollam, Gary L., antihypertensives, Sept 219.
- Woodridge, Wilfred, ear nodule, July 59.
- Yangco, Bienvenido G., antimicrobials, Feb 105.
- Yu, Tsai-Fan, gouty arthritis, May 150.
- Zeiger, Robert S., chronic rhinitis, May 61.
- Zucker-Franklin, Dorothea, eosinophilia, Dec 57.